

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **097856749** FILING DATE

APPLICANT

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		4			
TOTAL DEP.	0		1			
TOTAL CLAIMS	5		4			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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